EXPRESS EV (ROC'TPCT/P)

Please type a plus sign (+) inside this box

required)

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PU020131 Attorney Docket Number **DECLARATION FOR UTILITY OR** KEITH ROBERT **First Named Inventor DESIGN BROERMAN** PATENT APPLICATION COMPLETE IF KNOWN (37 CFR 1.63) Application Number □ Declaration ☑ Declaration Filing Date Submitted OR Submitted after Initial With Initial Filing (surcharge **Group Art Unit** (37 CFR 1.16 (e)) Filing

Examiner Name

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the onginal, first and sole inventor (if only one name is listed below) or an onginal, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
METHOD, APPARATUS AND SYSTEM FOR SUPPORTING MULTIPLE COLLABORATIVE SESSIONS IN A BI-DIRECTIONAL COMMUNICATION DEVICE										
the specification of which	the specification of which (Title of the Invention)									
☐ is attached hereto	•									
OR										
□ was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	and	was amended on (MM/DD/Y	MM)	(i	applicable).					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.										
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy	Attached?					
Number(s)	Country	(MM/DD/YYYY) Country	Not Claimed	YES	NO					
	· · ·									
70										
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
ApplicationNumber(s) Filing Date (MM/DD/YYYY)										
60/372,913	April 16, 2002		numbers a a supplem	provisional appl re listed on ental priority dat 2B attached her	a sheet					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:					OR	⊠ c∘	rrespondance address below		
Name	JOSEPH S. TRIPOLI								
Address	THOMSON MULTIMEDIA LICENSING INC.								
Address P.O. BOX 5312									
City	State Z						ZIP		
PRINCETON			·		NJ 0			08543-5312	
Country	Telephone					Fax			
USA		60	9-734-6834		(6			(609) 734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOL	E OR FIRST IN	VENTOF	1:		A petition has be	een filed fo	or this	unsigned inventor	
Given Name KEITH ROBERT / Family Name BROERMAN or Surname									
Inventor's Keith Robert Breman							Date March 10, 2003		
Residence: Cit	y .		State /	c	Country			tizenship	
CARMEL			IN IN	l	USA			\$A	
Mailing Addres	s 1345	7 Dunes I	Orive						
Mailing Addres									
City		State		ZIP	ZIP Country				
CARMEL		IN		4603	2	USA			
	NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name LINMEI 2-00				F	Family Name SHU or Surname				
Inventor's Signature					Date				
Residence: Ci	ty		State	\mathcal{M}	Country			Citizenship	
AUSTIN	AUSTIN TEXAS				USA CHINA			CHINA	
Malling Address 10230 Matoca Way									
Malling Address									
City		State	÷	T	ZIP Country			ountry	
AUSTIN	i	TEXAS		78726 USA				SA	
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.									

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label							OR	⊠ Co	orrespondance address below	
Name	JOSEPH S. TRIPOLI									
Address	THOMSON MULTIMEDIA LICENSING INC.									
Address	P.O. BOX 5312									
City	City State ZIP									
PRINCETON						NJ			08543-5312	
Country	Country Telephone								Fax	
USA			9-734-6834			···		<u> </u>	734 - 6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor								unsigned inventor		
Given Name KEITH ROBERT Family Name BROERMAN or Sumame								·		
Inventor's Signature									ate	
Residence: City State					Co	Country			itizenship	
CARMEL			IN	IN U		USA		u	SA	
Mailing Addres	ss1345	7 Dunes I	Drive							
Mailing Addres										
City		State		;	ZIP	ZIP Country				
CARMEL		IN			46032	6032 USA				
	COND INVENT					A petition has	been filed fo	r this	unsigned inventor	
Given Name LINMEI					Family Name SHU or Surname					
Inventor's Signature						Date 3/11/2003				
Residence: City State			e	С	Country			Citizenship		
AUSTIN TEXAS		<u>AS</u>	ں ل	USA			CHINA			
Mailing Address 10230 Matoca Way										
Malling Address										
City		State			2	ZIP		Country		
AUSTIN	TEXAS			78726 USA			SA			
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:	A petition has been filed for this unsigned inventor								
Given Name (first and middle	e [if any])	Family Name or Sumarna							
LIANGZHONG		WANG	021						
Inventor's Signature dyzh	Warrin			Date 03/12/63					
Residence: City AUSTIN	State TEXAS 1	Country USA Citizenship CHINA							
Malling Address 10230 Matoca Way									
Mailing Address									
City AUSTIN	TEXAS State	78726 ZIP	USA ry						
Name of Additional Joint Inventor, if any:									
Given Name (first and middl	e [if any])		Family Name or Sumame						
		<u></u>							
Inventor's Signature				Date					
Residence: City	State	Country	С	Citizenship					
Mailing Address									
Mailing Address									
City	State	Zip	Count	ry					
Name of Additional Joint Inventor, if any:									
Given Name (first and midd	le [if any])	Family Name or Surname							
Inventor's Signature			Date						
Residence: City State		Country	Cit	Citizenship					
Mailing Address									
Mailing Address									
City	State	Zip	Coun	ntry					

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.